

DEPARTMENT OF INSURANCE

ADMINISTRATION & LICENSING SERVICES BRANCH

PRODUCER LICENSING BUREAU

320 CAPITOL MALL

SACRAMENTO, CA 95814

(916) 322-3555

www.insurance.ca.gov**FOR DEPARTMENT USE ONLY**

LOCATION/EXAM DATE _____ AM/PM

EXPIRATION DATE _____

SCHEDULED BY _____

**APPLICATION FOR REEXAMINATION****License Examination Scheduling* on the Internet**

To reschedule this examination online by using the Internet, please visit California Department of Insurance's Web site at www.insurance.ca.gov and click on "Producer Licensing" – Insurance License Examination Information - Online Examination Scheduling."

License Examination Scheduling at the CDI Public Counter or By Mail

Public Counter/By Mail: Complete this form and submit with appropriate fees:

All reexamination fees* are \$37 except:

Public Adjuster	\$ 19
Adjuster	\$ 22
Bail	\$ 44
Life & Disability Analyst	\$108

California Department of Insurance
P.O. Box 1139
Sacramento, CA 95812-1139

Examinee Name (PRINT) _____
Last First Middle

Social Security Number _____ - _____ - _____

Mailing Address _____
P.O. Box/Street

_____, _____ - _____ (____) _____
CITY Zip Code Telephone

Examination Type:

_____ Life Agent	_____ Bail
_____ Fire and Casualty Broker-Agent	_____ Adjuster
_____ Life & Disability Analyst	_____ Public Adjuster
_____ Personal Lines Broker Agent	_____ Commercial, Health and Disability

Requested Examination Location:

Daily: (Monday thru Friday): _____ Sacramento _____ San Francisco _____ Los Angeles _____ San Diego

Twice Monthly: _____ Clovis (usually the second and fourth Saturday, 8:30 a.m. only)

Desired Date: _____ AM _____ PM _____ List any dates you are not available: _____

Signature

Date

* To change a scheduled examination date that was recently scheduled online, you must call the Examination Section at (916) 492-3064.